County of Los Angeles - Department of Mental Health

Quality Improvement Work Plan Implementation Status Report
Dated 11/4/10
Prepared by: Program Support Bureau, Quality Improvement Division

NAME OF REPORT:

LAC-DMH ANNUAL BENEFICIARY GRIEVANCE/APPEAL REPORT FY 2009/2010

QI IMPLEMENTATION STATUS REPORT

The Patients' Rights Office (PRO) prepares and submits to the State the LOS ANGELES COUNTY ANNUAL BENEFICIARY GRIEVANCE/APPEAL REPORT for Fiscal Year 2009/2010 consistent with LAC DMH Policy and Procedure 202.29. (See Attached LAC-DMH Beneficiary Report and LAC-DMH Beneficiary Report with Subcategories).

The QI Division and the QI Work Plan Monitoring of Beneficiary Satisfaction (#6) occurs bi-annually and is reported at Departmental QIC meetings. The seven reporting categories are: Access, Termination of Services, Denied Services, Change of Provider, Quality of Care, Confidentiality and Other.

PRO submitted the Annual Report to the State consistent with LAC-DMH Policy and Procedure 202.29 requirements.

Summary of Findings

There were a total of 559 Grievances/Appeals out of which 96% (n= 539) were Grievances, 1% (n = 5) were Appeals and 3% (n = 15) were State Fair Hearings. There were no Expedited Appeals or Expedited State Fair Hearings.

The largest number of Grievances/Appeals (n = 559) were for Quality of Care at 78% (n = 438); 15% (n = 83) for Other, such as Housing, Lost/Stolen Belongings, Money/Funding Billing etc.; 3% (n = 15) for Confidentiality; 2% (n = 13) for Termination of Services; and 1% (n = 5) each for Change of Provider and Denied Services.

Among Quality of Care Grievances (N = 438) 41% (n = 181) were for Provider Relations; 24% (n = 107) for Treatment Concerns; 19% (n = 82) for Medication Concerns; 10% (n = 43) for Abuse; 4% (n = 18) for Discharge/Transfer; 1% (n = 3) for Patients' Rights Materials; .5% (n = 2) for Delayed Services and .2% (n = 1) each for Treatment Disagreement and Reduction of Services.

In-Patient

The highest category of In-Patient Grievances/Appeals (N = 463) was for Quality of Care at 80% (n = 373). Among this category the largest area of concern was Provider Relations at 41% (n =155), Treatment Concerns at 24% (n = 89), Medication at 18% (n = 69), Abuse at 10% (n = 38), Discharge/Transfer Issues at 5% (n = 17), Patients Rights Materials at .8% (n = 3) and Treatment Disagreement and Reduction of Services each at .5% (n = 1).

The second highest category of In-patient Grievances/Appeals (N = 463) was Other at 15% (n = 71). The largest number of Other concerns were for Lost/Stolen Items at 35% (n = 25), Money/Funding/Billing at 17% (n = 12), Smoking at 13% (n = 9), Legal at 11% (n = 8), Housing and Non-Provider Concerns each at 8.5% (n = 6), and Use of Phone 7% (n = 5).

The third highest category of In-Patient Grievances/Appeals (N = 463) was for Confidentiality at 3% (n = 12).

The fourth highest category of In-Patient Grievances/Appeals (N = 463) was for Change of Provider at .6% (n = 3).

The lowest category of In-Patient Grievances/Appeals (N = 463) was both for Denied Services and Termination of Services each at .2% (n = 1).

Out-Patient

The highest category of Out-Patient Grievances/Appeals (N = 96) was for Quality of Care at 68% (n = 65). Among this category the largest areas of concern were as follows: Provider Relations at 40% (n = 26), Treatment Concerns at 28% (n = 18), Medication at 20% (n = 13), Abuse at 8% (n = 5), Delayed Services at 3% (n = 2), and Treatment Disagreement and Reduction of Services at 1% (n = 1).

The second highest category of Out Patient Grievances/Appeals (N = 96) was for Other and Termination of Services both at 13% (n = 12). The concerns identified under Other were Housing at 58% (n = 7), Lost/Stolen Belongings and Money/Finance Billing each at 17% (n =2), and Use of Phone at 8% (n = 1).

The third highest category of Out-Patient Grievances/Appeals (N = 96) was for Denied Services at 4% (n = 4).

The fourth highest category of Out-Patient Grievances/Appeals (N = 96) was for Change of Provider at 2% (n = 2).

Action Requested/Needed

1. As part of the Quality Improvement process, PRO initiated the analysis of the reporting categories resulting in identification of additional discrete data subcategories for Quality of Care and Other. Continued analysis is needed for identifying areas for potential improvement.

2. The need continues to acquire software to evolve from the current manual system to electronic methods of reporting.

Recommended Policy Change(s)

1. QI continues will work actively with PRO in evaluating and acquiring computer software programs/systems to assist PRO in tracking data for State Grievance/Appeal/State Fair Hearing reporting. QI will also work with PRO and Program Support Bureau MHSA to assist in developing, fully implementing and refining these electronic solutions.

2. Continue to analyze Grievances/Appeals data in the Inpatient and Outpatient categories. In addition, it is recognized that adding the Total Number of Clients Seen, both In-Patient and Out-Patient, within the coming fiscal year would provide a context for the Total Number of Grievances/Appeals/State Fair Hearings filed in both categories. QI and Patient's Rights will continue to explore with CIOB approaches to accurately capturing that data for enhancing this report.

3. With the collection of new categories for In-Patient and Out-Patient Grievances/Appeals, analysis of data will continue to be assessed and this report will be shared with appropriate units within LAC-DMH responsible for In-Patient services.

4. Continue yearly trend analysis of Total Number of Grievances/Appeals filed in both In-Patient and Out-Patient categories. Currently there is no clear explanation identified for the almost 20% decrease in Grievances/Appeals filed over the past year. PRO and QI will analyze data and explore causal factors/processes of trends identified.